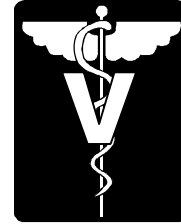




Healthy Practices.
Healthier Pets.

Clear Creek Animal Hospital
2729 Nasa Parkway
Seabrook, TX 77586



Boarding Admission Form

Date: _____

Discharge Date: _____

Owner Name: _____

Pet's Name(s): _____

For the health and safety of your pet and others, all vaccinations must be proven either current or updated at your expense upon entry. If any of these vaccinations are outdated and/or refused, then we are unable to board your pet. Thank you for your cooperation.

Date vaccinations are due:

Rabies: _____

DHPP: _____

Bordatella: _____

FVRCP: _____

FELV: _____

Please note there will be an additional fee of \$8.00 a day for diabetic management.

If your pet requires special food and you forget to bring it, there will be a charge for any we provide.

Diet Requirements: Type of food: _____ Amount: _____ Times per day: _____

Medications: Name: _____ Amount: _____ Times per day: _____

Name: _____ Amount: _____ Times per day: _____

Name: _____ Amount: _____ Times per day: _____

I understand if I bring my pet in with external parasites (fleas/ticks/mites) that Clear Creek Animal Hospital will treat my pet, as they deem necessary to prevent the spread to other animals. _____ (Initial)

I do _____ do not _____ want my pet treated if it becomes ill or if any medical problems are observed while here.

In the event of a hurricane or other disaster, I thoroughly understand that CCAH does not require personnel to stay on the premises. I understand that if I or my emergency contact is unable to pick up my pet(s), it may not be attended to for an extended period of time if staff members cannot reach the hospital. I will not hold CCAH responsible for the death or injury of my pet resulting from a hurricane or other disaster or from evacuation for a disaster. _____ (initial)

We strongly recommend that in the event of any evacuation you make arrangements to take your pet with you!

Hurricane Contact Name _____ Phone Number _____

Owner's Contact Number(s) _____

Owner's Signature: _____